

# CEIAS CAPSTONE PURCHASE REQUEST FORM

Department: CECMEE  CS  EE  ME  SICCS  Request Date: \_\_\_\_\_  
Course Section: \_\_\_\_\_  
Capstone Instructor: \_\_\_\_\_ Authorization: \_\_\_\_\_ Date: \_\_\_\_\_  
Team Name: \_\_\_\_\_ Team#: \_\_\_\_\_  
Budget Liaison: \_\_\_\_\_ Funding Source: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone#: \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a reimbursement? Yes  No

If Yes... Purchaser's Name: \_\_\_\_\_ NAU ID# \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

- A NAU Vendor Authorization form must be completed, signed and returned to [NAU-FINAdmin@nau.edu](mailto:NAU-FINAdmin@nau.edu) or your reimbursement will **not** be processed.
- Attach a scanned copy of your itemized receipt, that includes each of the below listed items, to establish proof of purchase.

## PARTS & SUPPLY REQUEST

Please provide a detailed description for each request item and include weblink whenever possible.

Vendor Name	Description of Item	Item or Catalog #	Size/Color	Quantity	Discount Code	Total Cost (including tax & shipping)

**Preferred Shipping Options**    *\*By default, all purchases will be shipped to the Engineering Building (Bld.#69), please specify another NAU building as needed, or request an alternate address with justification.*

Method: Standard (3-10 day)     Cheapest     Other: \_\_\_\_\_  
Delivery Location: Engineering (Bld.#69)     SICCS (Bld.#90)     Other (Bld.#) \_\_\_\_\_  
Other Non-NAU Address: \_\_\_\_\_  
Other Address Justification: \_\_\_\_\_